STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES

Effective Date: Monday, May 6, 2002

COMMISSIONER'S POLICY STATEMENT NO. 22E: BEHAVIORAL MANAGEMENT IN THE OUTPATIENT AND COMMUNITY SETTINGS

This policy has been written to conform with Connecticut General Statutes Section 17a-540-17a, 550, State of Connecticut.

It is the expectation of the Office of the Commissioner that each outpatient facility shall have a written policy and procedure that guides the behavioral management of clients with dangerous behavioral dyscontrol. This policy statement serves as the guideline to be used in the drafting of a policy and procedure by the individual facilities.

DEFINITIONS:

Emergency Personnel. Human resources that include law enforcement/police and other emergency first line responders, who are authorized, trained and equipped to intervene to prevent physical injury.

Safety Intervention. Any physical (manual) holding or redirecting of the client's body that limits, even if only briefly, the freedom of movement and access to his/her body needed to prevent injury to self/others.

PHILOSOPHY

The Department of Mental Health and Addiction Services is committed to providing comprehensive, individualized outpatient psychiatric and substance abuse care. Outpatient care is provided both within DMHAS outpatient agencies and/or in the community setting. In the DMHAS outpatient facilities, the Department is committed to the establishment and maintenance of safe environments. DMHAS has no jurisdiction over the safety of the community environment in which it provides care. However, it recognizes the need to address the safety of it's clients who may exhibit dangerous behavior toward self or others and to provide the staff with direction about responding to emergent behavioral dyscontrol (to the extent possible and as limited by the circumstances and the human and material resources readily available).

Regardless of the setting, outpatient and community psychiatric and substance abuse care is provided within the context of therapeutic relationships that foster respect, dignity, collaboration, and self-determination. Wellness, rehabilitation and recovery shall be the guiding therapeutic principles. Wellness, rehabilitation and recovery from psychiatric disabilities and substance addictions are processes that for many outpatients is forward moving. But for some, recovery may include periods of relapse, for others, recovery may include periods of dangerous behavior. For example, persons with psychiatric disabilities and co-occurring substance abuse disorders who are actively abusing substances and/or experiencing acute psychotic symptoms are at greater risk for dangerous behavior.

POLICY

In the out-patient setting, physical, social, and cultural environments that promote each client's well being and preserve the rights and dignity of all clients, staff member, and others shall be maintained. In the community setting, the staff serves to enhance the physical, social, and cultural environments to the extent possible. On-going clinical assessment and treatment planning, supervision/monitoring, program supports, communication, collaboration, and training shall be the tools to ensure that each client's needs, abilities, and functional limitations are understood and addressed in a productive, constructive manner and serve as the foundation for preventing the risk of dangerous behavioral dyscontrol. Non-physical and less restrictive programmatic interventions are preferred as the first intervention unless they have been determined to be ineffective or when safety issues require immediate interventions.

DMHAS believes that out-patient and community based clients have the right to be free from the use of safety interventions except as an emergency intervention in which there is significant risk of physical injury. The use of safety interventions shall be a time limited emergency measure to limit or redirect physically dangerous behavior to self or others when there are adequate human and material resources. What constitutes adequate human resources is determined on a case by case basis and is minimally determined by the client's level of physical dangerousness, staff qualifications, and the physical design of the immediate environment. In the event that resources are inadequate to safely intervene, emergency personnel are to be accessed immediately.

A safety intervention shall be used to prevent imminent physical injury to self or others after all other therapeutic interventions have failed or are found to be inappropriate. As such, the use of safety interventions as a means of coercion, discipline, staff convenience, or as retaliation by staff shall not be tolerated.

The use of a safety intervention in a behavioral emergency shall be followed by debriefing sessions that include the client (and if appropriate and available, the client's family), involved staff, treatment team, and other clients who witnessed the event. The objectives are to understand what led to the incident, how it was handled, and to counsel the involved client, staff, and others who witnessed the event for any trauma that may have resulted from the incident, and when indicated, to modify the client's plan of care to reduce the risk of reoccurrence of a behavioral emergency. Information from the debriefing is used in performance improvement activities.

Administrative and clinical leadership articulates this philosophy at all levels through the use of 1) client centered care plans that thoughtfully integrate strengths, needs, cultural determinants, and personal preference, 2) clinical staff who are trained and skilled in using preventive and early interventive alternatives, especially conflict resolution strategies, and 3) performance improvement programs that identify the factors that contribute to dangerous behavior and are focused on prevention in the outpatient and community settings.

A comprehensive Behavioral Management Strategies (BMS) Training Program, which is responsive to continuous performance improvement issues, shall be provided initially and on an annual basis to all employees participating in the care of out-patient and community based clients. Only staff members who have attended and demonstrated competence in the training requirements shall be permitted to participate in the interventions.

The Department is committed to preventing the occurrence of dangerous behavior by cultivating staff attitudes and behaviors that reflect client centered values and best practice standards. To this end, the leadership of all DMHAS out-patient facilities shall be expected to maintain continuous performance improvement activities that deliberately and efficiently review and monitor all episodes of dangerous behavioral dyscontrol and safety intervention use for clinical justification, unusual incidents or patterns of utilization, and evidence of appropriate monitoring and documentation. The focus is on modifying and enhancing administrative oversight, clinical practice, and training initiatives.

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Commissioner